

**PERINATAL SUBSTANCE ABUSE PREVENTION (PSAP)  
SUBCOMMITTEE MINUTES  
July 12, 2007**

**SUBCOMMITTEE MEMBERS PRESENT**

Terrence McGaw, M.D.  
Maggie Carlton, Senator  
John Hiatt, Ph.D.  
Colleen Morris, M.D.  
Janie Lowe  
Candice Kidd  
Susan Doctor, Ph.D  
Barbara Caskey, Proxy for Maria Canfield  
Natalie Filipic, Proxy for T.J Rosenberg

**SUBCOMMITTEE MEMBERS ABSENT**

Beverly Neyland, M.D.  
Charlene Herst, Bureau of Community Health (BCH)

**STATE HEALTH DIVISION STAFF PRESENT**

Muriel Kronowitz, Perinatal Substance Abuse Prevention (PSAP) Coordinator, Bureau of Family Health Services (BFHS)  
Kyle Devine, Child and Adolescent Health Coordinator, BFHS  
Tami Smith, Administrative Assistant 4, BFHS  
Victor Lamas, Administrative Assistant 1, BFHS

**OTHERS PRESENT**

Johnette Oman, M.Ed., Supervisor, Bureau of Early Intervention Services (BEIS)  
Frankie McCabe, Special Education Director, Nevada Department of Education (DOE)

**CALL TO ORDER**

Dr. Terrence McGaw called the Perinatal Substance Abuse Prevention (PSAP) Subcommittee meeting to order at **9:40 a.m.** The meeting was videoconferenced at the Sierra Regional Center (SRC), 605 S. 21<sup>st</sup> St., Sparks, and Desert Regional Center (DRC), 1391 S. Jones Blvd., Las Vegas, Nevada. This was a public meeting, and the public was invited to make comments. In accordance with the Open Meeting Law, this meeting was posted at the following locations: Bureau of Family Health Services (BFHS), Carson City; Nevada State Health Division (NSHD), Carson City; Nevada State Library and Archives, Carson City; Washoe County District Health Department (WCDHD), Reno; Elko County Library, Elko; Southern Nevada Health District (SNHD), Las Vegas, SRC, Sparks, DRC, Las Vegas and the Health Division Website: [www.health.nv.gov](http://www.health.nv.gov)

Introductions were made around the table.

**PSAP SUBCOMMITTEE CO-CHAIR REPORT**

No report was discussed.

### **UPDATE ON SB 411**

Senator Maggie Carlton stated Senate Bill (SB) 411 had been approved. She suggested clinics be added on to the budget for the next legislative session and not go through a presentation to legislators again. Dr. McGaw stated it is great to begin to see recognition of the importance of issues regarding Fetal Alcohol Spectrum Disorder (FASD) in the state. Senator Carlton stated senators are starting to think about FASD and are becoming more familiar with it.

Dr. Colleen Morris stated it would be useful to set up a subgroup to help identify what information or data state agencies are looking to obtain from the clinics as well as finding a way of having uniformity in the way the data is collected throughout the system. She stated it would be helpful to provide outcome data in a cohesive manner at the ending of the funding cycle which reflects clinic accomplishments. She suggested it include statements from the families about how satisfied/unsatisfied they were with the services and why; any barriers they encountered and any other assistance they still need. Dr. McGaw agreed. Dr. Susan Doctor stated Mojave Mental Health Clinics are interested in having their physicians trained to do FASD evaluations and assist with the clinics in Reno. The Mojave clinics would work with children 0-3 years of age and beyond, as well as, providing services for mental health issues. Senator Carlton asked if there would be any medical practice regulatory problems for the doctors participating. Dr. Doctor stated there would not because it is not out of their scope of medical practice and they would be properly trained. Dr. Morris stated she is willing to train the doctors but first would like to meet with them and explain exactly what a diagnosis entails. Dr. Doctor stated she would have Coni Kalinowski with the Mojave clinics contact Dr. Morris to strategize for training the doctors. Senator Carlton stated it would be useful to have a clinic outside of Las Vegas and Reno for the next legislative session as rural senators are going to want to see if clinics were done in their area. Dr. McGaw suggested the goal might be to have the majority of the project done by October 2008 in order to put together a good budget request. Muriel Kronowitz, Dr. Doctor, Dr. Morris, T.J. Rosenberg, and Johnette Oman or Dr. Lynn Kinman with Nevada Early Intervention Services (NEIS) volunteered to be on the data/outcome subgroup for clinics in Reno. The subgroup will need to contact state and county agencies and query them about information they would like to obtain from the data collected. Ms. Barbara Caskey stated it would be helpful to look into what data software other states are using. Dr. Morris stated an Access database is being used for the clinics in Las Vegas. The database is not web-based because it is only updated from one location. Dr. McGaw suggested the subgroup look into finding out if the current database can be converted into a web-based system which all sites can share. Ms. Oman asked if NEIS would be the location in Reno. If it is, she asked how many clinics a year there would be and if support staff would be available. Dr. Morris stated a meeting with the interested parties from Reno would be necessary since the clinic implementation process in Reno is in the beginning phase. There are plenty of people in Reno with the appropriate expertise to create a Reno team using the same model as in Las Vegas. She added that in order for the Las Vegas team not to travel, a Reno team would be trained and she would be available as a resource and the Reno team would participate in organizing the clinics and develop an operational plan which works well for them. Senator Carlton stated it would be helpful for possible team members in Reno to travel to a clinic Las Vegas July 25, August 22 or August 29 of 2007, to observe the process. The clinics are held at the Lili Claire Foundation, Danny Ganz building on 522 East Twain

Ave, Las Vegas. Dr. Doctor stated it would be useful to also include someone from the Mojave clinics to be incorporated in the subgroup. Dr. McGaw stated the concept behind the new funding is to reduce the waiting list currently at around 85 children. Dr. Morris stated the Division of Child and Family Services (DCFS) in Clark County had received a grant to fund six additional clinics in Las Vegas for kids under DCFS custody. None on the waiting list are in DCFS custody. Ms. Kronowitz stated once the clinics in Reno have been structured, media coverage for the public to be aware of the clinics will be important. A goal date agreed on to establish the first clinic in Reno is January of 2008. Ms. Kronowitz will arrange a teleconference call for August 17, 2007, for the subgroup and interested parties in Reno to meet.

#### **APPROVAL OF MINUTES FROM MEETING OF MARCH 15, 2007**

Dr. John Hiatt motioned to approve the March 15, 2007 minutes. Dr. Doctor seconded.

#### **MOTION APPROVED**

#### **PRESENTATION/DISCUSSION WITH FRANKIE MCCABE, DIRECTOR OF SPECIAL EDUCATION, ELEMENTARY AND SECONDARY EDUCATION AND SCHOOL IMPROVEMENT PROGRAMS, NEVADA DEPARTMENT OF EDUCATION**

Dr. McGaw stated one of the key concerns with FASD school age children is educating teachers about FASD. Dr. McGaw introduced Frankie McCabe, Director of Special Education, Department of Education (DOE). Ms McCabe stated at the state level, the task is to enforce state and federal laws and regulations about special education and provide technical assistance to school districts and to implement statutory requirements. The Federal statute and the Nevada Administrative Code (NAC) chapter 388 address special education regulations, a specific definition for a child with a disability and type of assessment they would have to do for each individual categorical designation. Each of the assessments for the 13 disability categories are identified in the NAC which can be found on the legislative website under the NAC chapter 388. If a child with a disability had been identified in accordance with federal requirements, which is the Individuals with Disabilities Education Act (IDEA), a child must be categorized under one of the 13 disability categories. Although FASD does not appear on the Federal statute as one of the 13 categories, it does not mean those students are not identified under another eligibility category and served according to the child's need. School districts are bound to serve students by the categorical designation in federal statute. A two prong test has to be made to become eligible for special education; first the child had to be identified as one of the 13 categorical designations; and second the child had to be in need of special education, which is difficult hurdle.. The mere presence of a disability does not qualify a child to receive special education under state or federal requirements. Special education is defined in federal statute as specially designed instructions at no cost to parents to meet the unique needs of the child with a disability. School districts are bound to provide services depending on the needs of the child and not by the categorical designation of the disability. The needs informed of a child are decided by a team of individuals, per disability category, who serve on the eligibility team for a particular child. The NAC prescribes the members of the team and the evaluation needed, which is reviewed to determine if the child meets the eligibility criteria to receive special education. Under federal statute, parents are required to be part of the Individualized Education Program (IEP) team. If a teacher needs to be taught how to teach a special skill, training for the

teacher can be written in the IEP. The parents have procedural protections if they disagree with the decisions made. School districts collaborate with NEIS to do screening for children they suspect have a disability. The school district is obligated to provide services for children who are identified with a disability and who meet the eligibility requirement for children when NEIS services end. It is the parents' decision whether their child participates in a screening. A parent who suspects their child of having a disability or is developmentally delayed can contact their district special education office to obtain an evaluation. The school district is obligated to evaluate the child within 45 school days. If a teacher detects a disability in a child, the teacher can initiate the process to have the child evaluated. Parents have the right to a written notice with a consent form prior to any evaluation done to their child. The parents also have the right to know if the district refuses to evaluate their child. Any time the district needs to test a child for special education, the parents need to consent to the testing. Once the child has been determined eligible to receive special education, the parents have to provide another consent form prior to their child receiving services. If a school district refuses to evaluate a child, the parents have the right to appeal the decision in the form of a hearing or file a state complaint. It is the IEP team's purview to decide what supports are needed in order for the child to have success. Districts offer in service training credits for teachers. Ms. McCabe is willing to notify school districts of any training being offered by this subcommittee. Ms. McCabe stated the curriculum of children with specific issues such as FASD is the purview of each school district. The Youth Risk Behavior Survey (YRBS), done through the Centers for Disease Control and Prevention (CDC), can be found on the DOE website under the child nutrition office. Senator Carlton asked how we can help children and parents access special education for FASD children. Ms. McCabe stated the requirements are federally driven and they need to contact and lobby Nevada's Senators Reid, Ensign and Representative Heller about FASD needs. She stated an example in the last IDEA reauthorization in 2004, a well organized lobby for Tourette's syndrome was made. They were not successful in getting their own category; however, they were successful in getting Tourette's syndrome identified as one of the conditions identified under "other health impaired". Natalie Filipic, Parents Encouraging Parents (PEP) stated PEP encourages parents to not focus on what category their child is placed under because the category of other health impaired is broad and it does not drive the education the child receives.

#### **DISCUSSION AND APPROVAL ON CONTENT, DATES AND PROVIDERS TO TRAIN USING THE AMERICAN COLLEGE OF GYNECOLOGY TOOLKIT**

Ms. Kronowitz stated decisions need to be made with regard to who is going to do the training, how many trainings will be held, who will receive the training and what will be included in the training packet. Dr. McGaw stated a referral list which includes referrals for alcohol, tobacco and other drugs used needs to be included with the toolkit for physicians to hand out to their patients. Dr. McGaw stated the Tolerance, Annoyed, Cut Down and Eye Opener (T-ACE) screening tool in the ACOG toolkit needs to be used because the American College of Gynecology (ACOG) offers one to three Continuing Medical Education (CME) credits to physicians who go through the training online. A subgroup was formed which includes Dr. McGaw, Ms. Kronowitz and an obstetrician from Las Vegas who would be named at a later time. Ms. Kronowitz will coordinate a meeting. **NO ACTION TOOK PLACE**

**DISCUSSION AND DECISION TO ESTABLISH DATE, TIME AND CONTENT REGARDING TRAINING AT WESTCARE**

Candice Kidd offered the use of the WestCare facility to hold the ACOG toolkit training.  
**NO ACTION TOOK PLACE**

**DISCUSSION OF BY-LAWS RELATED TO MEMBERSHIP AND THE MATERNAL CHILD HEALTH ADVISORY BOARD. SUBCOMMITTEE RECOMMENDATIONS FOR BY-LAW CHANGES**

Dr. McGaw stated the limitations on expanding the membership of the subcommittee are economic. There is a limited amount of money dedicated to this subcommittee through the Maternal Child Health Advisory Board (MCHAB). Ms. Kronowitz stated the money is used for travel reimbursement which most subcommittee members do not request. Dr. McGaw suggested making a list of the individuals who are interested in being part of the subcommittee and presenting it to the MCHAB and have them make the decision. Lorraine Vazquez with the Mental Health Consortium and Ms. Oman with NEIS were suggested to be included on the list. **NO ACTION TOOK PLACE**

**UPDATE BY PSAP COORDINATOR**

Ms. Kronowitz suggested having more frequent meetings. Dates agreed on for the following meetings are September 21, 2007 and November 8, 2007. Dr. McGaw stated that Dr. Ira Chasnoff is offering to do a presentation in Nevada regarding FASD and encourages individuals to write a letter of support.

**ESTABLISHMENT OF SUBCOMMITTEE(S) TO WORK ON GOALS OF THE 5 YEAR FETAL ALCOHOL SPECTRUM DISORDER (FASD) STRATEGIC PLAN**

There was no discussion. **ACTION TABLED**

**SUBCOMMITTEE RECOMMENDATIONS TO STAFF**

Recommendations to staff were given throughout the meeting.

**PUBLIC COMMENT AND DISCUSSION**

No Public comments were made. Dr. McGaw suggested Dr. Morris to contact Dr. Jeffery Wrightson, who is a member of ACOG, about collaborating in the implementation of the ACOG toolkit.

Meeting adjourned at **12:00 pm.**